



## Your 2021-2022 Prescription Benefits

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**Hi, we're CVS Caremark.**  
**We manage your prescription plan.**

## **CVS Caremark**

makes sure you have access to affordable medication – when and where you need it

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**You've probably heard of:**

**CVS Pharmacy**

**MinuteClinic**

**CVS HealthHUB**

We're all part of the CVS Health family, working together to help you on your path to better health



# The CVS Caremark focus



Manages your prescription benefit plan like your health insurance company manages your health benefits



Works with your employer to determine what medications are covered, what they will cost, and where prescriptions can be filled



Provides tools and services to help you stay on track with your medications and take care of your health



# Everything you need to manage your medications anytime, anywhere

## Caremark.com and the CVS Caremark App



Review  
your plan  
details



Check medication costs  
and find  
ways to save



Find in-network  
pharmacies or start  
delivery by mail



Order mail service  
refills and track  
shipments



View history of  
your  
prescriptions



Track progress toward your  
deductible or  
out-of-pocket maximum



Set alerts and  
reminders to help you  
stay on track

Once you're registered, download the CVS Caremark App from your preferred app store to manage your medications on your smart phone



# Registering at Caremark.com

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## When can I register?

### If you already have prescription benefits with CVS Caremark

Register any time using your member ID number (on your member ID card).



Remember — you won't see any changes for the upcoming plan year until **1/1/2022**

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### If you're new to CVS Caremark prescription benefits

You can register on or after **1/1/2022**



# 2022 Copays/Coinsurance

Plan:	PPO Plan		Plus PPO Plan		EPO Plan	
	Retail Pharmacy	Mail Pharmacy	Retail Pharmacy	Mail Pharmacy	Retail Pharmacy	Mail Pharmacy
<b>Generics</b>	\$10	\$20	\$10	\$20	\$10	\$20
<b>Preferred Brands</b>	20% (\$40 min., \$60 max.)	20% (\$80 min., \$120 max.)	20% (\$40 min., \$60 max.)	20% (\$80 min., \$120 max.)	20% (\$40 min., \$60 max.)	20% (\$80 min., \$120 max.)
<b>Non-Preferred Brands</b>	40% (\$60 min., \$100 max.)	40% (\$120 min., \$200 max.)	40% (\$60 min., \$100 max.)	40% (\$120 min., \$200 max.)	40% (\$60 min., \$100 max.)	40% (\$120 min., \$200 max.)
<b>Specialty</b>	Follows Retail	Follows Retail	Follows Retail	Follows Retail	Follows Retail	Follows Retail
<b>Refill Limit</b>	One initial fill plus two refills for maintenance medications.	None	One initial fill plus two refills for maintenance medications.	None	One initial fill plus two refills for maintenance medications.	None
<b>Deductible</b>	None	None	None	None	None	None
<b>Max Out of Pocket</b>	\$2,100 Individual	\$4,200 Family	\$2,800 Individual	\$5,700 Family	\$3,500 Individual	\$7,000 Family

# 2022 Copays/Coinsurance Continued

Plan:	Core Plan		HDHP Plan	
	Retail Pharmacy	Mail Pharmacy	Retail Pharmacy	Mail Pharmacy
<b>Generics</b>	20% Coinsurance	20% Coinsurance	10% Coinsurance	10% Coinsurance
<b>Preferred Brands</b>	20% Coinsurance	20% Coinsurance	10% Coinsurance	10% Coinsurance
<b>Non-Preferred Brands</b>	20% Coinsurance	20% Coinsurance	10% Coinsurance	10% Coinsurance
<b>Specialty</b>	Follows Retail	Follows Retail	Follows Retail	Follows Retail
<b>Refill Limit</b>	One initial fill plus two refills for maintenance medications.	None	One initial fill plus two refills for maintenance medications.	None
<b>Deductible</b>	\$3,000 Individual	\$6,000 Family	\$1,500 Individual	\$3,000 Family
<b>Max Out of Pocket</b>	\$5,000 Individual	\$10,000 Family	\$3,000 Individual	\$6,000 Family

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## Terms you should know

**Deductible** | An individual or family needs to spend this amount on medications each plan year before coverage starts; may be combined with medical benefits

**Copay or coinsurance** | The amount you pay for medications once you or your family reaches the deductible and coverage starts; a copay is a flat amount and coinsurance is a percentage of the cost of the medication

**Maximum out-of-pocket (MOOP)** | Once you or your family reach this amount, all medications are covered at 100%

**Generic medication** | Has the same active ingredients as the brand-name medication; usually, your lowest cost option

**Preferred brand medication** | Medication that will cost less under your benefit plan

**Non-preferred brand medication** | Highest cost option under your benefit plan

**Maintenance or long-term medication** | Medication you take regularly, like high blood pressure, diabetes, or high cholesterol medications

**Acute or short-term medication** | Medication you take for a short time, like an antibiotic

**Preventive medication** | Affordable Care Act (ACA) preferred medications are covered at 100%; High deductible health plan (HDHP) preventive medications bypass the deductible, which means they are covered even if you haven't met your yearly deductible yet



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## Terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

**Quantity limit** | A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

**Step therapy** | For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

**Prior authorization** | This means we need more information on why your doctor has prescribed a specific medication for you. CVS Caremark reviews this information and determines whether or not your medication will be covered by your plan.

**Dispense as written** | If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand name medication and you may have to pay more for the brand.

**Appeals** | If we deny your or your doctor's request for coverage of a non-covered medication, you have the right to appeal that decision.

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- ▶ Find more information on these topics in your Summary Plan Description (SPD).
  - ▶ Use the Check Drug Costs & Coverage tool at [Caremark.com](https://www.caremark.com) to find out what medications are covered, if there are extra requirements for coverage, and how much they will cost.
  - ▶ Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find pharmacies near you with the *Pharmacy Locator* at [Caremark.com](https://www.caremark.com).

# Maintenance Choice

**With Maintenance Choice**, medications you take regularly (such as diabetes, asthma or high blood pressure medications) **must** be filled in 90-day supplies at CVS Pharmacy or through CVS Caremark Mail Service Pharmacy



You can choose pickup or Rx delivery by mail – either way, the cost is the same



90-day supplies are more convenient and usually cost less



If you fill prescriptions for medications taken regularly at any other pharmacy, or in 30 day supplies, you will have to pay the entire cost

**Need to transfer your prescription?**  
**Visit [Caremark.com/MoveMyMeds](https://www.caremark.com/movemy meds)**



# Managing your Core Plan

## What you need to know



**You'll pay 100% of the cost of your medications until you or your family meet the annual deductible**

Some preventive medications may bypass the deductible or be covered at 100% - see your plan summary document for details



**Once you meet the deductible, you'll pay the appropriate Coinsurance**

Your deductible may combine pharmacy and medical expenses – see your plan summary document for details



**If you or your family meet your maximum out-of-pocket amount (MOOP), 100% of the cost of your medication is covered (you pay \$0)**



**The amounts you pay toward your deductible and MOOP DO NOT roll over from year to year**



Deductible amounts for 2022	MOOP amounts for 2022
Individual: \$3,000	Individual: \$5,000
Family: \$6,000	Family: \$10,000

# Managing your High Deductible Health Plan (HDHP)

## What you need to know



**You'll pay 100% of the cost of your medications until you or your family meet the annual deductible**

Some preventive medications may bypass the deductible or be covered at 100% - see your plan summary document for details



**Once you meet the deductible, you'll pay the appropriate Coinsurance**

Your deductible may combine pharmacy and medical expenses – see your plan summary document for details



**If you or your family meet your maximum out-of-pocket amount (MOOP), 100% of the cost of your medication is covered (you pay \$0)**



**The amounts you pay toward your deductible and MOOP DO NOT roll over from year to year**



**Deductible amounts for 2022**

Individual:  
**\$1,500**

Family:  
**\$3,000**

**MOOP amounts for 2022**

Individual:  
**\$3,000**

Family:  
**\$6,000**





## ACA Preventive Drug List

For some medications, **you pay \$0** even if you or your family haven't met your annual deductible

### 2021-2022 PRESCRIPTION BENEFITS

## The Affordable Care Act (ACA) Preventive Drug List includes:

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**Certain medications**, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

**Vaccines and immunizations** to prevent certain illnesses in infants, children and adults

**Contraceptives for women**

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Find the full list at [Caremark.com](https://www.caremark.com)



# HDHP Preventive Drug List

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Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year:

**Certain medications, supplements or products to:**

- ✓ Manage certain health conditions, like high blood pressure, diabetes, or high cholesterol
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

**Vaccines and immunizations** to prevent certain illnesses in infants, children and adults

**Contraceptives for women**

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**Find the full list at [Caremark.com](https://www.caremark.com)**

Please note: Your exact benefits may vary—see your benefits materials for details







2021-2022 PRESCRIPTION BENEFITS

## Making chronic conditions easier to manage

Be empowered to make better decisions with personalized messaging and support

Watch for customized messaging on steps you can take to improve your health:



Timely digital messaging to help you make better choices



Outreach to your doctor or other health care providers



One-on-one counseling at CVS Pharmacy, MinuteClinic or CVS HealthHUB

# Thank you

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## Legal disclaimers

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage.

Flu shots and vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Most vaccines require a prescription (except for the flu shot). Contact your medical carrier directly to find what vaccine benefits are available at other medical facilities such as a doctor's office, urgent care, etc.

Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS

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